

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566729

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

20

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

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TOTAL IND.      ↓      2      ↓      ↓

TOTAL DEP.      ↑      19      ↑      ↑

TOTAL CLAIMS      20